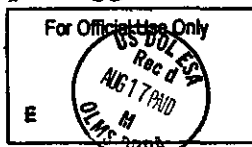


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9132</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>David</u> <u>R</u> <u>Lalumondier</u> P O Box, Bldg Room No If any _____ Street <u>300 South Grand Blvd</u> City <u>St Louis</u> State <u>Missouri</u> ZIP Code + 4 <u>63103</u>	4 Name file number and address of labor organization. Name <u>Teamsters Local Union No 688</u> Labor Organization File Number <u>025-471</u> P O Box, Building and Room Number if any _____ Street <u>300 South Grand Blvd</u> City <u>St Louis</u> State <u>Missouri</u> ZIP Code + 4 <u>63103</u>
5 Position in labor organization. <u>President and Business Representative</u>	

Enter appropriate data below if during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction or Income. _____ 7 b. Amount. _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true, correct, and complete (See the section on penalties in the instructions.)

Signed

Dave Lalumondier

On

8/20/05  
Date

314-658-5734  
Telephone Number

Name of Person Filing David R Lalumondier

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name American Income Life Insurance Co

Trade Name if any

P O Box Bldg Room No if any PO Box 2608

Street

City WacoState TexasZIP Code + 4 76797

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Insurance Company markets policies to Union members and their families by having information about no-cost and other available coverage mailed by the Union to its membership. The insurance company has no direct contact with Union members.

## 11 b Approximate dollar value of such dealing

Un Known

## 12 a Nature of interest held or income received

No-cost accidental death insurance policy (death benefit \$2000) as is made available to all members of Teamsters Local 688

## 12 b Amount

Un Known

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment.

Name of Person Filing David R Lalumendier

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Group Health Plan (GHP)

Trade Name if any

P O Box, Bldg Room No If any Suite 400Street 111 Corporate Office DrCity Earth CityState Missouri ZIP Code + 4 63045

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name St Louis Labor Health Institute (LHI)

Trade Name if any

P O Box, Bldg Room No If any

Street 300 South Grand BlvdCity St LouisState Missouri ZIP Code + 4 63103

11 a Nature of such dealing

GHP is a Service provider to LHI. LHI provides a medical plan (through collective bargaining) to members of Teamsters Local 688

11 b Approximate dollar value of such dealing

\$1,200,669.00

12 a Nature of interest held or income received

Cardinal Base ball tickets September 2, 2004 Two tickets

12 b Amount.

\$196.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No If any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Name of Person Filing David R Lalumondier

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Group Health Plan (GHP)

Trade Name if any

P O Box Bldg Room No if any Suite 400Street 111 Corporate Office DrCity Earth CityState Missouri ZIP Code + 4 63045

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name St Louis Labor Health Institute (LHI)

Trade Name if any

P O Box, Bldg Room No if any

Street 300 South Grand BlvdCity St LouisState Missouri ZIP Code + 4 63103

## 11 a Nature of such dealing

GHP is a Service provider to LHI. LHI provides a medical plan (through collective bargaining) to members of Teamsters Local 688

11 b Approximate dollar value of such dealing \$1,200,669.00

## 12 a Nature of interest held or income received

Holiday Gift

12 b Amount

\$75.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment.

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30.

Dave Zalunander  
Signature

8-12-05  
Date